

Attachment J:

**APPLICATION SUMMARY
2007 REFUGEE PROGRAMS**

I. APPLICATION SUMMARY (see Section 6.2)

A. Applicant Information

1. APPLICANT AGENCY NAME::		
2. STREET ADDRESS:	CITY:	ZIP CODE:
3. MAILING ADDRESS:	CITY:	ZIP CODE:
4. CONTACT PERSON:	5. TITLE:	
6. CONTACT PERSON'S TELEPHONE NUMBER:	7. AGENCY'S FISCAL YEAR: From / To / month/day month/day	
FAX NUMBER:		
E-MAIL:		
8. GRANT ADMINISTRATOR:		
9. GRANT ADMINISTRATOR'S • TELEPHONE NUMBER:		
• FAX NUMBER:		
• INTERNET E-MAIL ADDRESS:		
10. APPLICANT AGENCY IS: • For Profit Corporation • Non-Profit Corporation • Governmental Entity • Other _____		
11. FEDERAL EMPLOYER IDENTIFICATION NUMBER:		12. DATE:
13. NAME, TITLE, AND SIGNATURE OF AUTHORIZED OFFICIAL OR OWNER:		

Application Summary, Continued

B. Grant Information

1. Area to be Served (Describe by using the Refugee Service Delivery Areas in Attachment A or list counties)	
2. Identify service delivery locations (offices)	
3. Identify total number of documented eligible refugees to be served by all projects.	
4. SUMMARY OF PROPOSED PROJECT	